



PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/045,700	
	Filing Date	January 11, 2002	
	First Named Inventor	Pfeil et al.	
	Art Unit	1723	
	Examiner Name	Joseph W. Drodge	
Total Number of Pages in This Submission	11	Attorney Docket Number	DP-307033

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TC 1700

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thompson Hine LLP 2000 Courthouse Plaza N.E., 10 West Second Street Dayton, Ohio 45402-1758
Signature	<i>Douglas E. Erickson</i>
Date	10/6/03

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Douglas E. Erickson, Reg. No. 29,530		
Signature	<i>Douglas E. Erickson</i>	Date	10/6/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (08-03)
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 18.00

Complete if Known

Application Number	10/045,700
Filing Date	January 11, 2002
First Named Inventor	Pfeil et al.
Examiner Name	Joseph W. Drodge
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Attorney Docket No.	DP-307033

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 20-0809 Deposit Account Name: The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES Large Entity Small Entity			
1. BASIC FILING FEE Large Entity Small Entity				Fee Code (\$) Fee Code (\$) Fee Description Fee Paid			
1001 750 2001 375 Utility filing fee				1051 130 2051 65 Surcharge - late filing fee or oath			
1002 330 2002 165 Design filing fee				1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet			
1003 520 2003 260 Plant filing fee				1053 130 1053 130 Non-English specification			
1004 750 2004 375 Reissue filing fee				1812 2,520 1812 2,520 For filing a request for ex parte reexamination			
1005 160 2005 80 Provisional filing fee				1804 920* 1804 920* Requesting publication of SIR prior to Examiner action			
SUBTOTAL (1) (\$) 0				1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1251 110 2251 55 Extension for reply within first month			
Total Claims 21 -20** = 1 X 18 = 18				1252 410 2252 205 Extension for reply within second month			
Independent Claims 3 -3** = 0 X 86 = 0				1253 930 2253 465 Extension for reply within third month			
Multiple Dependent				1254 1,450 2254 725 Extension for reply within fourth month			
Large Entity Small Entity				1255 1,970 2255 985 Extension for reply within fifth month			
Fee Code (\$) Fee Code (\$) Fee Description				1401 320 2401 160 Notice of Appeal			
1202 18 2202 9 Claims in excess of 20				1402 320 2402 160 Filing a brief in support of an appeal			
1201 84 2201 42 Independent claims in excess of 3				1403 280 2403 140 Request for oral hearing			
1203 280 2203 140 Multiple dependent claim, if not paid				1451 1,510 1451 1,510 Petition to institute a public use proceeding			
1204 84 2204 42 ** Reissue independent claims over original patent				1452 110 2452 55 Petition to revive - unavoidable			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				1453 1,300 2453 650 Petition to revive - unintentional			
SUBTOTAL (2) (\$) 18.00				1501 1,300 2501 650 Utility issue fee (or reissue)			
**or number previously paid, if greater; For Reissues, see above				1502 470 2502 235 Design issue fee			
				1503 630 2503 315 Plant issue fee			
				1460 130 1460 130 Petitions to the Commissioner			
				1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
				1806 180 1806 180 Submission of Information Disclosure Stmt			
				8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
				1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))			
				1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))			
				1801 750 2801 375 Request for Continued Examination (RCE)			
				1802 900 1802 900 Request for expedited examination of a design application			
				Other fee (specify)			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3) (\$) 0			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Douglas E. Erickson	Registration No. (Attorney/Agent)	29,530
Signature	<i>Douglas E. Erickson</i>	Telephone	937.443.6814
		Date	10/6/03

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